

AHCCCS MEDICAL POLICY MANUAL

EXHIBIT 400-1, MATERNAL AND CHILD HEALTH REPORTING REQUIREMENTS

REPORT	DUE DATE*	REPORTS DIRECTED TO:
AHCCCS Monthly Pregnancy Termination Report (including use of Mifepristone Mifeprex or RU-486) (AMPM Policy 410, Attachment E)	Monthly, no later than 30 days following the end of the month.	Secure server, password protected, with email notification to the MCH/EPSDT Program Manager
AHCCCS Sterilization Reporting Form (AMPM Policy 420, Attachment 420-B)	Monthly, no later than 30 days following the end of the month.	Secure server, password protected, with email notification to the MCH/EPSDT Program Manager
EPSDT Improvement and Adult Quarterly Monitoring (Appendix A)	Quarterly, within 15 days of the end of each quarter (see Appendix A for report template and instructions).	Secure server MCH/EPSDT Program Manager
AHCCCS Semiannual Report of Number of Pregnant Women Who Are HIV/AIDS Positive (AMPM Policy 410, Attachment A)	30 days after the reporting periods of: [10/1 through 3/31] & [4/1 through 9/30]	Secure server MCH/EPSDT Program Manager
Maternity/Family Planning Services Annual Plan (Exhibit 400-2A)	Annually, by December 15.	Secure serverMCH/EPSDT Program Manager
EPSDT Annual Plan (Exhibit 400-2B)	Annually, by December 15.	Secure server MCH/EPSDT Program Manager
Dental Annual Plan (Exhibit 400-2C)	Annually, by December 15.	Secure serverMCH/EPSDT Program Manager
ADDITIONAL REPORTING (AS NEEDED)		
Stillbirth Supplement Request (AMPM Policy 410, Attachment B)	Within six months of delivery date.	Secure server, password protected, with email notification to the MCH/EPSDT Program Manager
AHCCCS Certificate of Necessity for Pregnancy Termination & AHCCCS Verification of Diagnosis by Contractor for Pregnancy Termination Requests (AMPM Policy 410, Attachment C)	Monthly, no later than 30 days following the end of the month.	Secure server, password protected, with email notification to the MCH/EPSDT Program Manager

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Effective Dates: 01/10/18

Revision Dates: 2/01, 4/04, 10/08, 10/09, 10/13, 10/15, 11/16/17

AHCCCS Arizona Health Care Cost Containment System

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- * An extension of time to complete a report may be requested by contacting the MCH/EPSDT Program Manager. Exceptions will be considered on a case by case basis.
- * If experiencing difficulty with a submission, please contact the MCH/EPSDT Program Manager via email or telephone.

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